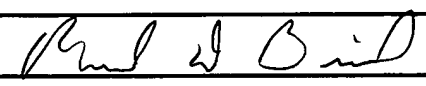
	Application Number	10/737,195
	Filing Date	12/15/2003
	First Named Inventor	Wang, Yulun
	Art Unit	3739
	Examiner Name	Unassigned
	Attorney Docket Number	022001-000843US
Total Number of Pages in This Submission		

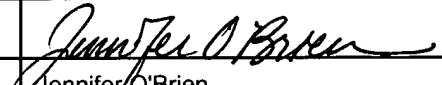
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent and Change of Correspondence Address; Return Postcard
<input type="checkbox"/> Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

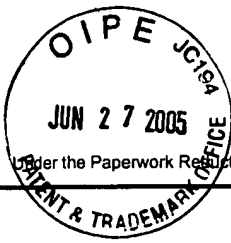
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Mark D. Barrish		
Date	6/22/05	Reg. No.	36,443

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Jennifer O'Brien	Date	6-23-05

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT**

Application Number	10/737,195
Filing Date	12/15/2003
First Named Inventor	Wang, Yulun
Art Unit	3739
Examiner Name	Unassigned
Attorney Docket Number	022001-000843US

To: Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: **At the request of the client.**

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OR

☒ Firm or Individual Name Frank Nguyen, Vice President & General Counsel (E-mail: Frank.Nguyen@intusurg.com)

Address Intuitive Surgical, Inc.

Address 950 Kifer Road

City Sunnyvale State CA ZIP 94086

Country USA

Telephone (408)-523-2129 Fax (408)-523-1390

- ☒ This request is made on behalf of myself and  
☐ all the attorneys/agents of record.  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☒ the attorneys/agents associated with Customer Number 20350

This request is enclosed in **triplicate** (including any attachments).

Name Mark D. Barrish, Reg. No. 36,443, Townsend and Townsend and Crew, LLP

Signature

Date

6/22/05

**NOTE:** Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.**

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